

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/13/97

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJR000016691

FACILITY NAME -> JEP MFG GROUP

MAILING ADDRESS -> 500 PEDRICKTOWN RD SWEDESBORO, NJ 08085

INSTALLATION ADDRESS ->

500 PEDRICKTOWN RD SWEDESBORO, NJ 08085

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 290 BROADWAY NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. **HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS**

TO: MCGOVERN, MARK PLT MANAGER JEP MFG GROUP 500 PEDRICKTOWN RD SWEDESBORO, NJ 08085 Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated **Waste Activity**

(For Official Use Only)

	Officed States Environmental Protection Agency 9/1/09
	I. Installation's EPA ID Number (Mark 'X' in the appropriate box)
	A. First Notification B. Subsequent Notification (Complete item C) C. Installation's EPA ID Number (Complete item C)
	II. Name of Installation (Include company and specific site name)
	JEP HavofacterING 6 roug
Ö	III. Location of Installation Requires Buildin, Number or Latitud and Longitude for processing.
5	Street Street
7	Street (Continued)
-	City of Town State Zip Code
-	Swedes 60 10 1 1 1 1 1 0 8 0 8 5
1	County Name
L	By land to the steril
-	IV. Installation Mailing Address
-	Street or P.O. Box
F	City or Town
-	State Zip Code
-	V. Installation Contact (Pomon to be acatests)
1	V. Installation Contact (Person to be contacted regarding waste activities at site) Name (Last)
H	Haire (Last) First)
1	Job Title
	Phone Number (Area Code and Number) P
ľ	VI. Installation Contact Address
	A. Contract Address Location Mailing Other B. Street or P.O. Box
	City or Town State Zip Code
1	II. Ownership
A	. Name of Installation's Legal Owner
1	PHORNIX HOGE KIFE INSRAUCE!!
S	treet, P.O. Box, of Route Number
	BULRICOURON
	State Zip Code
6	ARTFORD CTOS/103
F	none Number (Area Code and Number) B. Land Type C. Owner Type D. Change of Owner (Date Changed) Indicator Month Day Year
(509 2911900 X X Yes No

		GSA No. 0246-EPA
ID - For Official	Use	Only

VIII. Type of Regulated Waste Activity (Mark X' in the appropriate boxes; Refer to instruc	ctions)			
, A. Hazardous Waste Activity .	B. Used Oil Recycling Activities			
1. Generator (See instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or Industrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace Underground Injection Control	1. Used Oil Fuel Marketer a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) a. Utility Boiler b. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) a. Process b. Re-refine			
IX. Description of Hazardous Wastes (Use additional sheets if necessary)				
A. Characteristics of Nonlisted Hazardous Wastes. (Mark X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24) 1. Ignitable (D001) (D002) (D003) Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)				
1 2 3 4 1 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10	5 6			
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number, See in. 1 2 3 4 X. Certification	structions.) 5 6			
I certify under penalty of law that this document and all attachments were prepared under my direction or s assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry those persons directly responsible for gathering the information, the information submitted is, to the best of my I am aware that there are significant penalties for submitting false Information, including the possibility of fin	of the person or persons who manage the system, or			
Signature ORIGIAN CONFINE Name and Official Title (Type or print) Hark J. H. Govern Plant Havayer	Date Signed			
XI. Comments				
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III EPA Form 8700-12 (Rev. 11-30-98) Previous edition is obsolete.	of the booklet for addresses.)			